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P	ATENT API	LICA	TION FEE Dubstitute for For	ETERMINATO PTO-875	FION RECO	of information	unless it d	isplays a valid O lication or Dock	MB control number
	CLAIMS		LED – PART				/	1060	3/19/9
		(Column			SMA	SMALL ENTITY		OT SM/	HER THAN ALL ENTITY
FOR BASIC FEE		NUMBER FILED		NUMBER EXTRA	RATE	FEE		RATE	FEE
(37 CFR 1.16(a)) TOTAL CLAIMS						\$	OF		:757
(37 CFR 1.16(c))		O mir	nus 20 =	10	x s	=	OR	100	
INDEPENDENT CLA (37 CFR 1.16(b))	IMS 7	5 mir	ius 3 = '		× s	=	OR		100
MULTIPLE DEPEND	+ \$	=	OR						
• If the difference in	TOTAL		OR	+ \$=	920				
, · · · · · · · · · · · · · · · · · · ·	LAIMS AS A	MEND	ED – PART II			L		TOTAL	
8/20/7	(Column 1)						00	OTH	ER THAN
 	CLAIMS	1	(Column		SMAL	L ENTITY	OR	SMAL	L ENTITY
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	REMAINING AFTER AMENOMEN	r	NUMBER PREVIOUS PAID FOR	LY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
(37 CFR 1.16(c))	10	Mini	1 30		x s=		OR	x s =	
(37 CFR 1.16(b))	$-L_{-}$	Minu	· 3		× s=		OR	x \$ =	
✓ FIRST PRESENT.	ATION OF MULTIF	PLE DEPE	NDENT CLAIM (3)	CFR 1.16(d))	+5 =		OR		
					TOTAL ADD'L FEE		OR	+\$_ =	
	(Column 1)		(Column 2	(Column 3)		<u> </u>	J 0%	ADD'L FEE	<u> </u>
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total (37 CFR 1.16(c))	•	Minus		=	\	FEE	1		FEE
Z Independent LJ (37 CFR 1.16(b))	•	Minus	T	=	X \$=	 	OR	× \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	× \$=	
			52.11 00 dir (37 (.rk 1.10(d))	+ \$ = TOTAL		OR	+ \$ = TOTAL	
	_				ADD'L FEE	L	OR	ADD'L FEE	
	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)			_		
A	REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total (37 CFR 1.16(c))		Minus	••	=	x s_ =				FEE
Independent (37 CFR 1,16(b))		Minus	***	=	x \$ =		T	X \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ =								× \$=	
		_			TOTAL ADD'L FEE		1	total	
* If the entry in colum ** If the "Highest Num! * If the "Highest Num!	n 1 is less than	the entry	in column 2, write	"0" in column 3.	L		OR A	ADD'L FEE	
* If the "Highest Number The "Highest Number	ier Previousiv P	ald For I	N THIS SPACE I	· lace than 2 anta				•	

Inter rignest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.